



MISSOURI DEPARTMENT OF
NATURAL RESOURCES
GEOLOGICAL SURVEY AND RESOURCE
ASSESSMENT DIVISION
(573) 368-2165
**MONITORING WELL
CERTIFICATION RECORD**

OFFICE USE ONLY		DATE RECEIVED	
REF. NO.			
C.R. NO.		CHECK NO.	
STATE WELL NUMBER		REVENUE NO.	
ENTERED Ph 1 Ph 2 Ph 3		APPROVED BY	ROUTE / /

INFORMATION SUPPLIED BY PRIMARY CONTRACTOR OR DRILLING CONTRACTOR										
OWNER NAME					WELL NUMBER			VARIANCE GRANTED BY THE D.N.R. <input type="checkbox"/> NO <input type="checkbox"/> YES, ATTACH A COPY OF THE VARIANCE		
OWNER ADDRESS				CITY		STATE	ZIP CODE			
SITE NAME				CONTACT NAME						
SITE ADDRESS				CITY		STATE	ZIP CODE	VARIANCE NUMBER		
PROPOSED USE OF WELL <input type="checkbox"/> GAS MONITORING WELL <input type="checkbox"/> MONITORING <input type="checkbox"/> EXTRACTION WELL <input type="checkbox"/> PIEZOMETERS			TYPE OF POTENTIAL SITE <input type="checkbox"/> HAZARDOUS MATERIAL <input type="checkbox"/> LANDFILL <input type="checkbox"/> INITIAL SITE ASSESSMENT <input type="checkbox"/> L.U.S.T. <input type="checkbox"/> WATER LEVEL DRAWDOWN			MONITORING FOR: (CHECK ALL THAT APPLY) <input type="checkbox"/> RADIONUCLIDES <input type="checkbox"/> PETROLEUM PRODUCTS ONLY <input type="checkbox"/> EXPLOSIVES <input type="checkbox"/> METALS <input type="checkbox"/> V.O.C. <input type="checkbox"/> SVOCs <input type="checkbox"/> PESTICIDES/HERBICIDES				
SKETCH LOCATION OF WELL INCLUDING MILEAGE ON ALL ROADS TRAVELLED FROM NEAREST TOWNS.					LOCATION OF WELL LAT. _____ ' _____ " _____ " LONG. _____ ' _____ " _____ "			AREA _____		ELEV _____
					SMALLEST _____ 1/4 _____ 1/4 _____ 1/4			LARGEST _____ 1/4 _____ 1/4 _____ 1/4		
					SEC. _____ TWN. _____ N. RNG. _____ E OR W					
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL SITE					DRILLER NOTES:					
TYPE OF SURFACE COMPLETION <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> FLUSH MOUNT		LENGTH OF PROTECTIVE CASING _____ FT.		DIAMETER OF PROTECTIVE CASING _____ IN.		DIAMETER AND DEPTH OF THE HOLE PROTECTIVE CASING WAS PLACED _____ IN. _____ FT.		PROTECTIVE CASING MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> PLASTIC		LOCKING CAP? <input type="checkbox"/> YES <input type="checkbox"/> NO
WEEP HOLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		VENTED CAP? <input type="checkbox"/> YES <input type="checkbox"/> NO		LENGTH OF FLUSH MOUNT _____ FT.		DIAMETER OF FLUSH MOUNT _____ IN.		DIAMETER AND DEPTH OF THE HOLE FLUSH MOUNT WAS PLACED _____ IN. _____ FT.		SURFACE COMPLETION GROUT <input type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER _____
RISER PIPE DETAIL		LENGTH _____ FT.		DIAMETER _____ IN.		WEIGHT OR SDR# _____		DIAMETER OF DRILL HOLE _____ FT.		MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> THERMOPLASTIC (PVC) <input type="checkbox"/> OTHER _____
		GLUED <input type="checkbox"/> YES <input type="checkbox"/> NO		SECONDARY FILTER PACK <input type="checkbox"/> SATURATED ZONE <input type="checkbox"/> UNSATURATED ZONE HYDRATED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTH ZONES IF YES, HYDRATED <input type="checkbox"/> YES <input type="checkbox"/> NO						
		LENGTH _____ FT.		DEPTH TO TOP OF PRIMARY FILTER PACK _____ FT.		SECONDARY FILTER PACK LENGTH _____ FT.		BENTONITE SEAL LENGTH OF SEAL _____ FT.		MATERIAL <input type="checkbox"/> SLURRY <input type="checkbox"/> PELLETS <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS
PRIMARY FILTER PACK		LENGTH _____ FT.		DEPTH TO TOP OF PRIMARY FILTER PACK _____ FT.		SECONDARY FILTER PACK LENGTH _____ FT.		FORMATION DESCRIPTION		
ANNULAR SEAL		<input type="checkbox"/> BENTONITE SLURRY <input type="checkbox"/> CEMENT/BENTONITE SLURRY <input type="checkbox"/> NON SLURRY BENTONITE TYPE BAGS OF CEMENT USED _____ % OF BENTONITE USED _____ WATER USED/BAG _____ GAL		LENGTH _____ FT.						
WELL SCREEN		LENGTH _____ FT.		DIAMETER _____ IN.		DIAMETER OF DRILL HOLE _____ IN.				
MULTIPLE CASED WELLS <input type="checkbox"/> YES <input type="checkbox"/> NO PUMP INSTALLED FOR REMEDIATION <input type="checkbox"/> YES <input type="checkbox"/> NO										
SUBMIT ADDITIONAL AS BUILT DIAGRAMS SHOWING WELL CONSTRUCTION DETAILS INCLUDING TYPE AND SIZE OF ALL CASING, HOLE DIAMETERS AND GROUT USED										
SIGNATURE (PRIMARY CONTRACTOR)					PERMIT NUMBER		STATIC WATER LEVEL _____ FEET FROM MEASURING POINT		DATE WELL DRILLING WAS COMPLETED	
I HEREBY CERTIFY THAT THE MONITORING WELL HEREIN DESCRIBED WAS CONSTRUCTED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE CONSTRUCTION OF MONITORING WELLS.										
SIGNATURE (WELL DRILLER) X			PERMIT NUMBER		DATE		SIGNATURE (PUMP INSTALLER) X		PERMIT NUMBER DATE	